



**ARKANSAS STATE BOARD OF NURSING
DEPARTMENT OF ENFORCEMENT**

REINSTATEMENT

PERSONAL REPORT

Clean and Sober Date: _____

List all of your drugs of choice (both legal and illicit): _____

Have you ever attended AA, NA, or other nationally-recognized 12-step program or other type of support group? If so, how often did you attend and include a letter from your sponsor or counselor on your behalf. _____

***Submit this completed document through your Arkansas Nurse Portal account.**

(Name)

(License Number)

(Date)